



**Testimony of Howard Sovronsky, LCSW  
Chief Behavioral Health Officer- Connecticut Children's Medical Center  
to the Appropriations Committee regarding *House Bill 5037*  
*An Act Adjusting the State Budget for the Biennium Ending June 30, 2023***

**February 23, 2022**

Senator Osten, Representative Walker, members of the Appropriations Committee, thank you for the opportunity to submit testimony for the committee's consideration regarding the Department of Social Services (DSS) and Department of Children and Families (DCF) budget adjustments. Given my expertise and role as Connecticut Children's Chief Behavioral Health Officer, my comments will be focused specifically on the proposed budget's potential implications for our state's pediatric behavioral health ecosystem.

We will begin by first applauding the state's significant proposed investment in our behavioral health infrastructure. The nearly \$160 million included in this budget for behavioral health certainly speaks to the state's recognition that we are in the midst of a behavioral health crisis which underscores the need for significant investment to improve availability and access to services for Connecticut's families.

We know that children and families have faced significant challenges throughout the pandemic and we believe that families will continue to struggle with behavioral health issues even as we begin to get back to a state of normalcy following the COVID-19 emergency.

## **Background**

Connecticut Children's is the state's largest provider of pediatric emergency behavioral health services. Last year in our Emergency Department (ED), 3,134 children and adolescents required emergency psychiatric evaluation services and of those, 701 (22%) patients spent more than 72 hours in our ED waiting for the next step in their care.

Delays in discharge most often result from the inability to obtain timely access to the next appropriate level of care for patients. The true problem we face is one of "throughput" because there are numerous barriers that prevent the unencumbered flow and access to services. A common scenario involves children in our ED or on an inpatient floor who are medically cleared for discharge but require ongoing care for their mental health needs. All too frequently, our team of social workers and physicians are unable to find appropriate available services for these patients. These care delays impact children at all levels of system—from those who might be unable to find a therapist willing to take new patients, to those requiring respite or residential treatment, to those in need of intensive home-based intervention. To that end, it is critical that state leaders make strategic investments at all levels of the pediatric behavioral health system, as are all currently understaffed and overburdened.

## **Medical/Psychiatric Unit at Connecticut Children's**

The proposed funding for a new med/psych unit at Connecticut Children's will help our providers deliver timely and compassionate mental and physical healthcare for many patients, such as those with eating disorders, those who may need treatment after noncompliance with their diabetes treatment plans, or those requiring medical care after surviving a suicide attempt. In the absence of a med/psych unit, patients who are medically cleared often wait an additional 7-10 days for transfer to an inpatient psychiatric service unit. The availability of a med/psych unit will reduce the occurrence of delays, allowing patients to begin their psychiatric care immediately upon achieving medical stability.

Connecticut Children's is committed to providing high-quality integrated care that has been shown to produce better overall health outcomes, shorter inpatient stays and greater patient and family satisfaction. This new resource will also prevent some patients from having to travel out of state to receive treatment for their eating disorders or other complex medical conditions. Children and families deserve access to specialized care right here in Connecticut and this proposed funding will help make that a reality.

We would like to express our sincere gratitude for this funding which will help better meet the needs of Connecticut's children.

## **Inpatient Pediatric Mental Health Rates**

Offering incentives for hospitals to expand bed capacity and treat children with higher acuity is certainly a positive step towards creating greater access for kids in need of hospital-level care. These added funding opportunities will also directly support the creation of the new med/psych unit at Connecticut Children's. Opening additional beds and enabling hospitals to effectively treat the patients we are now seeing in greater numbers with higher acuity, should reduce congestion in emergency departments as well as providing much needed capacity to the statewide network of inpatient services.

## **Mobile Crisis Services**

We are encouraged to see the proposal to invest an additional \$17.2 million in DCF's emergency mobile psychiatric services program (EMPS), which serves as a critical resource for families, schools, hospitals, primary care pediatricians and more. The success of Connecticut's EMPS program is well documented but the added demand during the current crisis crystallized the need for round-the-clock access, expanded geographic reach, and the need for additional training for staff now dealing with greater client acuity.

We would encourage the state to adopt a data-driven approach to track program utilization to insure that staff are deployed in the most efficient manner in response to peak hours and to those communities in greatest need.

## **Urgent Care/Crisis Stabilization**

Connecticut Children's firmly endorses the effort to establish community-based urgent care programs that will provide schools, families, and primary care physicians with an alternative for low-to-mid-acuity children in need of a rapid assessment and stabilization. Our data supports

the fact that large numbers of children present to the ED with conditions that could be more adequately addressed outside of the hospital. Urgent care will not only offer a more appropriate setting for these children, it will also relieve them from the oftentimes traumatic experience of going to a hospital ED. This resource will also improve the ED capacity for those truly in need of emergency care.

Rather than investing in several urgent crisis centers across the state, we would urge state leaders to invest funds in a smaller number of pilot programs in high-demand areas. We believe this approach may more immediately help address the current overcrowding crisis and provides the opportunity to assess outcomes data and the potential effectiveness of these centers.

While fully supportive of the plans for urgent care facilities, we remain concerned about the proposed plan for a crisis stabilization unit. We recommend that the state utilize those funds to expand the capacity at existing levels of care, including inpatient psychiatric care and psychiatric residential treatment facilities (PRTF)—especially considering our state’s behavioral health workforce shortage issues.

### **Early Childhood Mental Health**

At Connecticut Children’s, we recognize that children do not grow up in a vacuum and caring for a child often means caring for the whole family’s needs. As such, we were pleased to see investments in universal home visiting and early intervention services. Early childhood mental health is a significantly underfunded and underserved area—which is unfortunate since we know that the average time between when a child first begins exhibiting mental health symptoms and when they receive treatment is seven years. Investing in kids’ mental health during a child’s early years can prevent challenges from escalating and strengthen entire families.

### **Insurance Parity**

We are grateful to see funding dedicated to a comprehensive study of private insurance coverage for behavioral health services in pursuit of parity between Medicaid and commercial insurance coverage.

As pediatric providers, we recognize that mental health care is part of a child’s overall health. Physical healthcare and mental healthcare are too often bifurcated. The state must support more innovative policies that lead to a comprehensive and integrative behavioral health system because too often, insurance practices are a significant obstacle to truly integrating care for patient families.

In addition to pursuing parity between Medicaid and private coverage, we would encourage the state to study parity between the ways physical and mental health treatments are covered by commercial providers. We often see administrative barriers in place that preclude the effective delivery of mental healthcare.

### **Workforce Development**

There are significant workforce shortages at nearly every professional discipline that makes up the pediatric behavioral health system—from medical assistants to child and adolescent

psychiatrists. The state must invest in developing a robust behavioral health workforce pipeline to meet the needs of families across the state. As much as additional beds and programs are necessary to treat the growing pediatric behavioral health crisis, there must be trained professionals to staff these beds and programs.

To that end, we are supportive of the proposed funding to expand the Department of Public Health's student loan repayment program to make it accessible to behavioral health providers. Repayment programs help make these careers more attractive to prospective students and help keep trained healthcare professionals in Connecticut.

We are also pleased to see \$35 million to support the onboarding of nursing and mental health faculty at higher education institutions and an investment of \$20 million in financial aid for students pursuing these careers. This will help fortify the school to career pipeline and strengthen our workforce.

While we are grateful to see this budget acknowledge that we must build interest among high school students in historically underrepresented communities to pursue careers in nursing and behavioral health care, we would like to see more specific targeting, recruitment and support for students who are multi-lingual to better serve Connecticut's diverse population.

Another way the state can bolster the pediatric behavioral health workforce would be to have Connecticut's Medicaid program provide coverage for psychiatric Collaborative Care Management (CoCM). CoCM is an evidence-based model used to identify and treat patients with depression, anxiety, and a growing number of behavioral health conditions. Many states already provide coverage for CoCM, particularly within pediatric offices where Medicaid often makes up a higher percentage of their patient population.

### **Our Continued Partnership**

Connecticut Children's is pleased to see some of the new investments proposed in this budget to improve our state's pediatric behavioral health system, however, we also recognize that there is no "quick fix" for this crisis. Ensuring that all kids have access to the services and supports they need is going to take all of our collective leadership and investment to make these interventions sustainable. We look forward to continuing to work with state leaders on this endeavor.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Emily Boushee, ([eboushee@connecticutchildrens.org](mailto:eboushee@connecticutchildrens.org)) Government Relations Associate.